

INNOVATIVE STRATEGIES
FOR SUPPORTING LONG-
TERM ADDICTION
RECOVERY
PEER SUPPORT
SERVICES

WHAT I HOPE TO SHARE AND TAKE-AWAYS

Introduction-who I am and why we are here

Recovery Mentorship and Peer Support Services

- Brief History
- Research Base
- Peer Delivered Services as a Profession

Judgement-Free Question and Answer Period

MHAAO-WHO WE ARE

Mental Health & Addiction Association of Oregon (MHAAO) is an inclusive peer-run organization dedicated to self-direction honoring the voice of lived experience.

We are a peer-run organization (PRO), meaning...

The services provided by MHAO include direct peer services, training, technical assistance, and consultation-- all from the Peer Recovery Perspective.

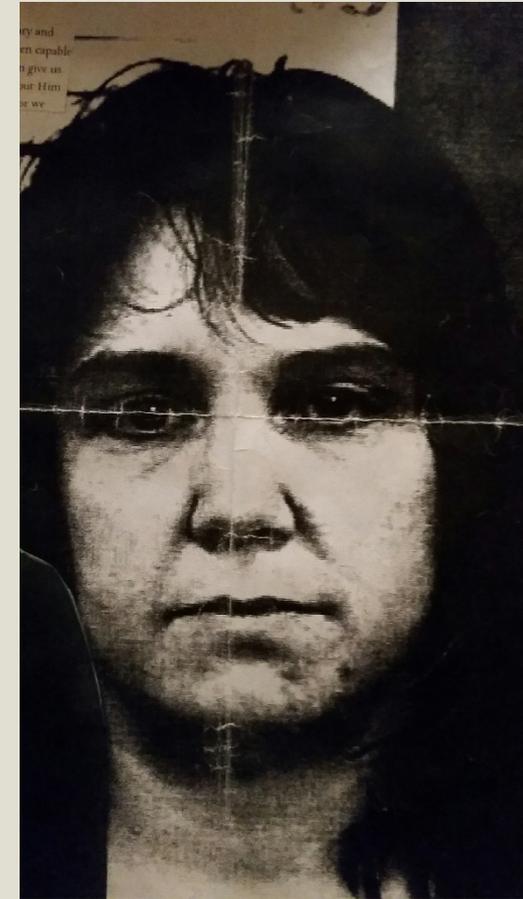


LIVED EXPERIENCE

Inmate



Addict



Severely Mentally Ill

SOME INFO ON THE TOPIC

- **According to the World Health Organization's 10 facts on mental health and SUD...**

Fact 2-Mental and substance use disorders are the leading cause of disability worldwide.

- About 23% of all years ¹lost because of disability are caused by mental and substance use disorders.
- Recovery is not only **possible** but is **probable** when given the right supports and services.

¹ http://www.who.int/features/factfiles/mental_health/mental_health_facts/en/index1.html

² Sharon Reif, , Ph.D., et. al., Assessing the Evidence Base Series Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence, Psychiatric Services, Volume 65 Issue 7, July 2014, pp. 853-861

HISTORY OF PEER SUPPORT



EARLY PIONEERS

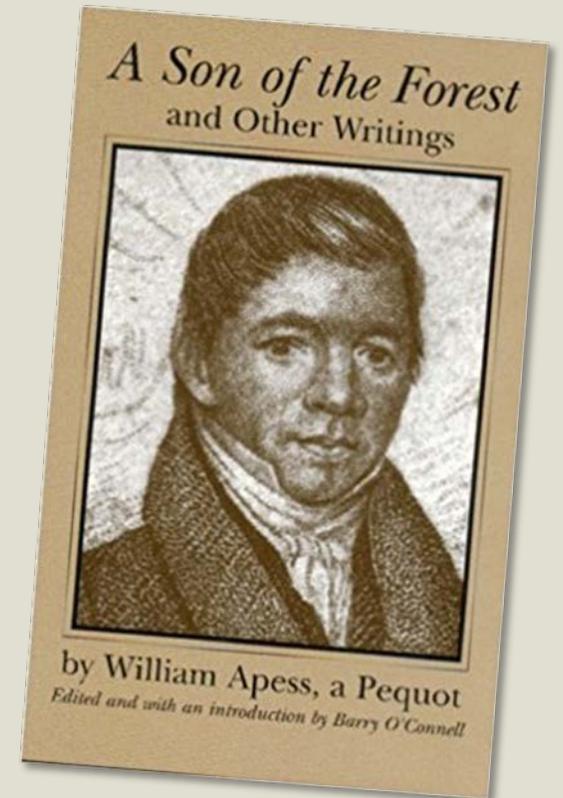
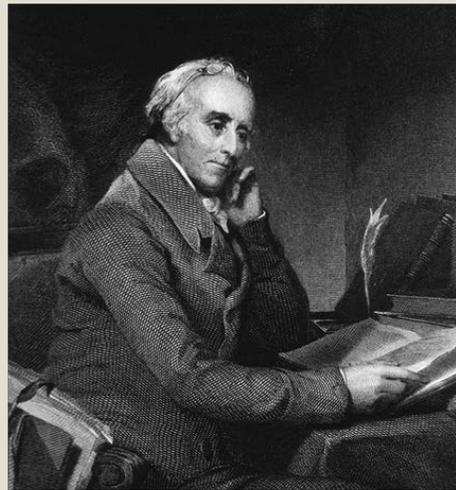


“As much as possible, all servants are chosen from the category of mental patients. They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane.”

Jean Baptiste Pussin in a 1793 letter to Phillipe Pinel.

EARLY PIONEERS CONT.

- Late 1700's and early 1800s: Mutual Aid Societies appear and Native American "Recovery Circles."
- 1810: Dr. Benjamin Rush advocates for the creation of "Sober Houses" staffed with reformed drunkards.



MORE BRIEF HISTORY

- Peer support has existed in various forms for many years (e.g. AA, NA, support groups, cancer survivor groups, grief groups, etc.)
- In the 1980s – 90s funding started to become available for peer groups and the movement became more organized.
- Today peer services are more well known and accepted as beneficial practice; Explosive growth in the field!



WHAT IS PEER RECOVERY SUPPORT?

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful.¹

Mead, Hilton, & Curtis, 2001

The terms mentoring or coaching refer to a one-on-one relationship in which a peer leader with more recovery experience than the person served encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery.²

SAMHSA, 2009

¹Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-141.

²SAMHSA (2009). What are peer recovery support services? <https://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>

A PERSON FELL INTO A HOLE



A VARIETY OF PEER SUPPORT ROLES

Different types/titles:

- Peer Support Specialist (PSS)
 - Adult Mental Health or Addictions
 - Older Adult*
 - Youth and Young Adult*
 - Family
- Certified Recovery Mentor (CRM)
- Peer Wellness Specialist (PWS)
- Forensic Peer Support Specialist (FPSS)*

*not specific designations

WHY PEER SUPPORT?

- With workforce shortage – untapped workforce
- Cost effective
- People trust in peer support and can work through issues in different way with each other
- Path to employment

PEER SUPPORT SPECIALIST AS A TEAM MEMBER

- Behavioral Health System
- Assertive Community Treatment (ACT) Team
- Early Assessment and Support Alliance (EASA)
- Drug and Alcohol Services Team
- Criminal Justice System
- Department of Human Services (DHS) Child Welfare
- Mental Health and Drug Court
- Jail
- Health/Hospital Systems

Community involvement may include committee participation and systems advocacy.

STEPS TO SUCCESSFUL IMPLEMENTATION

- Preparation
- Recruitment
- Ongoing Development
- Evaluation

COMMON ISSUES: INTEGRATING PEERS IN MAINSTREAM SERVICES

- Support only from upper management and no buy in throughout the organization
- Clash of values/policies/etc
- Isolation from other peers
- Limited/no peer training opportunities
- Limited/no peer supervision
- Employing peers just because they are peers
- Not considering peer support as a profession/discipline

LESSONS LEARNED

- Having a champion on the “inside”
- Champion understands or is willing to learn about peer support services on a deeper level
- Background Check issues/barriers
- Integration of new service in medical setting
- Dress codes and “professional appearance”
- Gatekeepers
- Organic culture change in hospital



RESEARCH BASE

- A challenge in evaluating peer supports is that there are lots of variations among peer support programs and how peer supporters do their work. This variation/flexibility has many advantages, but it is difficult to determine how effective peer supports is an approach in general for research purposes.
- Relatively new field, and research is being developed. More research (particularly longitudinal) exists related to coaching and mentoring, two aspects of peer support.
- Several studies found peer-delivered services compared to professional services had better outcomes in a number of ways,¹ including higher service use rates, reduced rates of hospitalization, and improved sense of hope and self-esteem.
- A 17-year research analysis, *Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence 1995-2012*, evaluated studies meeting a minimum criteria for moderate or greater evidence of effectiveness. These studies included; randomized control trials, quasi-experimental studies, pre vs. post research and research reviews.

RECENTLY PUBLISHED JOURNAL ARTICLE

“If It Wasn’t for Him, I Wouldn’t Have Talked to Them”: Qualitative Study of Addiction Peer Mentorship in the Hospital

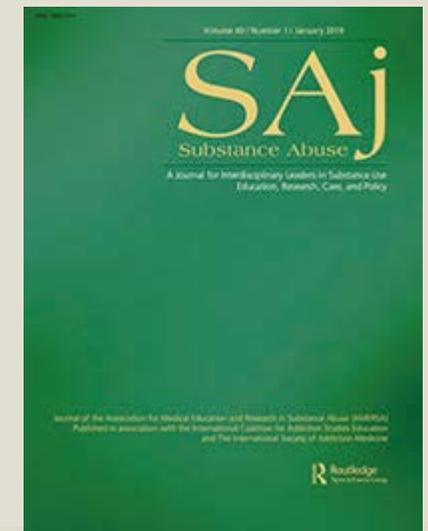
Devin Collins, MA1,
Juliet Alla, BA1,
Christina Nicolaidis, MD, MPH1,2,
Jessica Gregg, MD, PhD1,
Deborah Jane Gullickson, MPA: HA, PSS, PRC,
Alisa Patten, MA1,
and Honora Englander, MD



<https://rdcu.be/bQVid>

“Recommendations for Integrating Peer Mentors in Hospital-based Addiction Care”

<https://www.tandfonline.com/eprint/MRFBUCZXPVSCCTFS3DT/full?target=10.1080/08897077.2019.1635968>



RESEARCH CONT.

“Peer recovery support services provide social support to individuals at all stages on the continuum of change that constitutes the recovery process. Services may be provided at different stages of recovery and may:

- Precede formal treatment, strengthening a peer’s motivation for change;
- Accompany treatment, providing a community connection during treatment;
- Following treatment, supporting relapse prevention; and
- Be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so.”¹

¹Kaplan, L., The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2008.

BENEFITS OF PEER SUPPORT AS FOUND IN THE LITERATURE

■ Research has shown that recipients of peer support experience reductions in:

- Symptoms
- Hospitalizations
- Use of crisis services
- Substance abuse
- Level of worry
- Life problems

■ And increases in:

- Quality of life
- Coping ability
- Medication adherence* (via the power of informed choice)
- Social network and support
- Daily functioning
- Illness management
- Self-esteem
- Rate of employment
- Earnings

Source: Solomon, P. (2004). Peer support/peer provided services underlying processes, benefits, and critical ingredients. *Psychiatric rehabilitation journal*, 27(4), 392.

PEER DELIVERED SERVICES AS A PROFESSION



FUNDING PEER SERVICES

Current Funding

- Peers bill Medicaid for services connected to treatment plans
- County/State/Federal grants and contracts (value-based payment/reimbursement)
- Community Benefit Grants (hospitals)

On the Horizon

- Peer-run organizations able to bill Medicaid directly for peer services
- Grants/contract funding to supplement Medicaid billing

PEER SUPPORT SPECIALIST (PSS)

A person with lived experience of mental health and/or addictions challenges who provides assistance, support, and encouragement.

A PSS may engage in these common activities with the peers they work with:

- Advocacy
- Experiential sharing
- Building community
- Mentoring/coaching
- Connecting to resources
- Socializing/self-esteem building
- Systems navigation
- Co-authoring encounter notes in a non-clinical way

OTHER CONSIDERATIONS

The Work

- Generally, a manageable “caseload” size for a 1 FTE PSS is 15 to 20 peers.
- PSS splits their time 60/40 between doing direct peer support and indirect work (e.g. meetings, documentation, resource connection).
- Performance expectations are that 50 to 60% of the PSS’s time is spent in 1:1 peer support or facilitating groups (Peer Zone, SMART Recovery, Peer-led Seeking Safety, Hearing Voices Support Groups, etc.)

Supporting the Peer Workforce

- Fidelity of the profession
- Strategies to maintain a resilient and healthy peer workforce.
- Addressing compassion fatigue, vicarious trauma, moral distress and burnout.

PEER SERVICES IN OREGON : THE EARLY DAYS

- In 2007, the Centers for Medicare & Medicaid Services (CMS) approved coverage of peer support services and directed Oregon to define the training and certification requirements. The Oregon Health Authority (OHA), with the support of providers, stakeholders and the public decided to approve peer-delivered services training programs.
- In 2008 ACCBO was written into OHA's Access to recovery (ATR) grant as the state's peer certifying agency. ACCBO fell out of favor because they took a stand against the state's excessive background checks.

Mike Razzavi became the first CRM in December 2009 with certification #001 when he was a peer counselor at OSU.

Janie (Marsh) Gullickson became the first PRC, certification # 001 on 1/1/2015 at the same time MHAAO launched into our direct peer support services.

In 2018 ACCBO became MHACBO

OHA TRADITIONAL HEALTH WORKER (THW) COMMISSION: THEN & NOW

- Created under HB2024
- Falls under the purview of the Office of Equity and Inclusion (OHA)
 - Maintains the Traditional Health Worker Registry (5 worker types)
 - Peer Support Specialists
 - Peer Wellness Specialists
 - Community Health Workers
 - Birth Doulas
 - Personal Health Navigators
- Provides technical assistance to CCO's, providers, and other system partners working to integrate THW's
- Develops tool kits to aid in the implementation of THW's with health and mental health care systems and providers
- Working to develop payment models for THW roles

OREGON HEALTH AUTHORITY-PEER SERVICES

- OAR 410-180 defines Peer Support Specialists (PSS) and Peer Wellness Specialists (PWS) as Traditional Health Workers (THW).
- OHA Office of Consumer Activities (OCA) and Peer Delivered Services Coordinator
Beau Rappaport, PSS
Peer-Delivered Services Coordinator
Health Systems Division
Cell: 503-309-3567
Beau.Rappaport@dhsoha.state.or.us
- Brandy Hemsley
Director, OCA
Health Systems Division
Cell: 971-239-2942
Brandy.L.Hemsley@dhsoha.state.or.us

CERTIFICATION OF PEER RECOVERY SPECIALIST

Two types of Oregon state-approved Peer Certifications:

- Oregon Health Authority Traditional Health Worker Registry
PSS (Peer Support Specialist) and PWS (Peer Wellness Specialist)
- MHACBO (Mental Health & Addiction Certification Board of Oregon)
CRM (Certified Recovery Mentor) and PRC (Peer Recovery Counselor)

Detailed requirements are on their respective websites and include:

- Training
- Supervision
- Exam
- Ongoing CEUs

NATIONAL CERTIFICATIONS

- Mental Health America - National Certified Peer Specialist (NCPS)
<https://www.mentalhealthamerica.net/national-certified-peer-specialist-ncps-certification-get-certified>
- NAADAC – National Certified Peer Recovery Support Specialist (NCPRSS)
<https://www.naadac.org/ncprss>
- IC&RC – Peer Recovery (PR)
<https://internationalcredentialing.org/creds/pr>

CORE VALUES & PRACTICE STANDARDS (INAPS)

Values

- Peer support is voluntary
- Peer supporters are hopeful
- Peer supporters are open-minded
- Peer supporters are empathetic
- Peer supporters are respectful
- Peer supporters facilitate change
- Peer supporters are honest and direct
- Peer support is mutual and reciprocal
- Peer support is equally shared power
- Peer support is strengths-focused
- Peer support is transparent

Practice Standards

- Support choice
- Share hope
- Withhold judgement about others
- Listen with emotional sensitivity
- Be curious and embrace diversity
- Educate and advocate
- Address difficult issues with caring and compassion
- Encourage peers to give and receive
- Embody equality
- See what's strong, not what's wrong
- Set clear expectations and use plain language
- Focus on the person, not the problem

BOUNDARIES

- “Learning how to say no in a way that still invites the relationship to continue is an art and takes lots of practice.”
- “Boundaries tell us why we’re both here and what we’re supposed to be doing together.”
- Peer support involves rich and complex relationships that are like but also very unlike conventional “therapeutic” relationships.
- They rely on the mutuality and reciprocity of equals who share similar but not identical experiences.

<http://mentalhealthrecovery.com/info-center/peer-support-boundaries-and-limits/>

<https://blogs.psychcentral.com/mentoring-recovery/2010/10/mentoring-basics-boundaries/>

ETHICS

Peer Support Specialists OHA Standards of Conduct

- Competence
- Represent professional capabilities honestly and openly
- Communication with community members
- Develop collaborative partnerships
- Non-Discrimination
- Act as an advocate
- Support self-determination
- Respect
- Confidentiality
- Recognize and protect an individuals rights

Certified Recovery Mentors MHACBO Code of Ethics

- Non-Discrimination
- Responsibility
- Competence
- Legal and Moral Standards
- Public Statements
- Publication Credit
- Client Welfare
- Confidentiality
- Client Relationships
- Interprofessional Relationships
- Remuneration
- Societal Obligations

HIRING AND SUPERVISION

Hiring

- Competitive process
- Lived experience is not singular qualification
- Follow universal policies on hiring employees
- Value the need to recruit and hire qualified peers

Supervision

- Both administrative and consultative
- Needs to be knowledgeable about PSS role and scope of work
- Supports development of PSS roles
- Different when supervisor does not have a PSS background

TECHNICAL ASSISTANCE

For a Fee

- Direct Contracting
- Hire a Consultant

Free

- Oregon Health Authority OCA and Peer Delivered Services Coordinator
- SAMHSA
- iNAPS
- Pillars of Peer Support
- For CCOs-OHA TA Bank
- MHACBO/MAAPPs

LINKS AND RESOURCES

Mental Health & Addiction Certification Board of Oregon (MHACBO)

<https://www.mhacbo.org/en/>

Oregon Health Authority

<https://www.oregon.gov/oha/HSD/AMH-PD/Pages/About.aspx>

Metro Plus Association of Addiction Peer Professionals (MAPPS)

<http://www.maapp.org/>

iNAPS (International Association of Peer Supporters)

<https://www.inaops.org/values>

Pillars of Peer Support

<http://www.pillarsofpeersupport.org/>

Peerpocalypse

<https://www.peerpocalypse.com/>

SAMHSA (Substance Abuse & Mental Health Services Administration)

<https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

QUESTION & ANSWER PERIOD



**JUDGMENT
-FREE
QUESTION
TIME!**

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Gullickson and Jessica Carroll.

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We offer our sincere thanks to all contributors and hope that these efforts contribute to the continued recovery and healing of those in our community.

